

**MONTANA BOARD OF PUBLIC ACCOUNTANTS**  
**301 South Park, P. O. Box 200513**  
**Helena, Montana 59620-0513**  
**PHONE: (406) 841-2389      FAX: (406) 841-2323      EMAIL: [dlibsdpac@mt.gov](mailto:dlibsdpac@mt.gov)**  
**WEBSITE: [www.publicaccountant.mt.gov](http://www.publicaccountant.mt.gov)**

**APPLICATION FOR SPECIAL PRACTICE PERMIT**

**APPLICATION FEE: \$90.00**

**Note: This form applies to the following applicants: applicant is not a Montana resident; applicant does not maintain an office in Montana; and applicant is actively licensed to practice public accounting as a certified public accountant in one or more jurisdictions recognized by the board as having licensing standards substantially equivalent to the standards authorizing the practice of public accounting in this State.**

1. FULL NAME \_\_\_\_\_  
Last First Middle
2. OTHER NAME(S) KNOWN BY \_\_\_\_\_
3. BUSINESS NAME: \_\_\_\_\_
4. PRINCIPAL PLACE OF BUSINESS ADDRESS \_\_\_\_\_  
Street or PO Box # City and State Zip Country
- E-MAIL ADDRESS \_\_\_\_\_
5. TELEPHONE: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Business Business Fax
6. SOCIAL SECURITY NUMBER \_\_\_\_\_ FOREIGN ID NUMBER \_\_\_\_\_
7. DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ ☐ FEMALE ☐ MALE  
City/State
8. CPA Certificate Number \_\_\_\_\_ Dated \_\_\_\_\_ From the \_\_\_\_\_ Board of Accountancy  
Other Certificates Issued: (Use Separate Sheet, if necessary)  
Number \_\_\_\_\_ Dated \_\_\_\_\_ From the \_\_\_\_\_ Board of Accountancy  
Number \_\_\_\_\_ Dated \_\_\_\_\_ From the \_\_\_\_\_ Board of Accountancy
9. What type of service(s) will you be performing in Montana? Audit \_\_\_\_\_ Review \_\_\_\_\_ Agreed-Upon Procedure \_\_\_\_\_ Compilation \_\_\_\_\_  
Peer Review \_\_\_\_\_ Tax \_\_\_\_\_ Litigation Support \_\_\_\_\_ Consulting \_\_\_\_\_
10. Has a licensing agency ever taken adverse or disciplinary action against your license (certificate)?  
If yes, attach a detailed explanation. ☐ Yes ☐ No

I authorize the release of information concerning my competence to practice, by anyone who might possess such information, to the Montana Board of Public Accountants.

I understand my practice unit must be registered and renewed annually with the Montana Board. My practice unit must also comply with statute and rules pertaining to the Profession Monitoring Program, if associated with financial statements for a Montana client, and is subject to the disciplinary authority of the Montana Board.

I hereby declare under penalty of perjury of the laws of the State of Montana the information included in my application to be true and complete; I am familiar with, and will comply with, the statute and rules of this State; I consent to discipline of the special practice permit including, but not limited to, revocation of the special practice permit for any violations of the laws and rules of this State governing the practice of public accounting and for any act which would be cause for discipline if done by a certificate/license and permit holder of this State, or fraud or deceit in obtaining such permit; I consent to the personal and subject matter jurisdiction and disciplinary authority of the Montana Board of Public Accountants; I consent that any change in standing of my CPA certificate shall result in immediate surrender of my practice permit in this State; and I shall amend this application within 30 days of any change in the information provided herein.

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Dated

THE SPECIAL PERMIT IS VALID UNTIL DECEMBER 31. IN ORDER TO RENEW, COMPLIANCE WITH HOME STATE CPE REQUIREMENTS AND MONTANA'S PROFESSION MONITORING PROGRAM (IF APPLICABLE) ARE MANDATORY.

12/05